

KCDRB Form #2

(LEOFF-I benefits application cont.--page 4)

EMPLOYEE APPLICATION FOR DISABILITY BENEFITS

This portion to be completed by Member's EMPLOYER

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Attention Employers: this is an application for LEOFF-I disability and retirement leave benefits. Any information you want brought to the Board's attention regarding disability/retirement leave, eligibility, or employee's information provided in KCDRB Form #2, should accompany this Employer's Statement, or be supplied to the Board as soon as possible. You'll be notified of the Board's action to determine eligibility for disability/retirement leave and any related matter to this claim.

XI. Employer Certification.

"I HEREBY CERTIFY, according to our records, the above-named individual has correctly stated the information requested in items I-X, previous. Any exceptions are explained below or provided in a separate statement attached.

Also, I've reviewed and attached a copy of the member's present job description of the specific position, rank and duties held when leave commenced."

XI-a. To the best of your knowledge, when your LEOFF-I employee applied for LEOFF-I disability/retirement benefits and commenced leave, was he or she able to perform, with average efficiency, the regular duties of the position held then?

☐ This applicant was not able to perform regular duties with average efficiency. I concur with the medical information submitted.

☐ Yes, I believe the applicant was able to perform with average efficiency at the time leave commenced. I've attached a letter of explanation, affidavit/s, or other information to support this.

☐ I do not have enough information to make a definitive response.

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XI-b. Line of duty status.

To the best of my knowledge, I believe the disability:

☐ did not incur in the line of duty.

☐ did incur in the line of duty.

☐ I do not have enough information to make a definitive response.

XI-c. Other positions offered. The LEOFF-I statutes do not have specific provisions for light-duty positions in lieu of disability retirement. In the event a disability is found to be continuous such that the member is or will not be able to return to the regular position held, the following is provided:

☐ The member will be offered assignment to another position within this department, which will enable him/her to continue in a full or part-time position with consideration of the disability incurred.

☐ The member has been offered assignment to another position within this department, which will enable him/her to continue in a full or part-time position with consideration of the disability incurred.

☐ I do not have enough information to make a definitive response.

On behalf of this department, I understand a LEOFF-I member reserves the right to refuse alternate assignments presented, or that an employer is under no obligation to provide such, unless a special arrangement is mutually arrived.

Signature of Employer Supervisor or Chief

Date

Title